

FINANCIAL AFFIDAVIT <small>IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE</small>	
<small>Rev. 5/98</small>	IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF <u>US</u> v.s. <u>Jose Torrado</u>	FOR <u>JOSE TORRADO</u> AT <u>DISTRICT</u>
PERSON REPRESENTED (Show your full name) <u>JOSE TORRADO</u>	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>21 U.S.C. 841, 846</u>	
LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
DOCKET NUMBERS Magistrate <u>04 M-0500-6</u> District Court <u>RBC</u> Court of Appeals	
1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed							
	Name and address of employer: _____							
	IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____							
ASSETS	OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____							
	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____							
	PROPERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%;"> <thead> <tr> <th style="width: 50%;">VALUE</th> <th style="width: 50%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____
VALUE	DESCRIPTION							
_____	_____							
_____	_____							
_____	_____							

OBLIGATIONS & DEBTS	DEPENDENTS MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them <u>JOSE IVAN TORRADO 4</u> <u>XAVIA TORRADO 3</u> <u>SARAH TORRADO 1</u>	
	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: _____	Creditors	Total Debt
		_____	_____	_____
		_____	_____	_____
_____		_____	_____	
		Monthly Paymt.		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

NOV 01 2004

 SIGNATURE OF DEFENDANT
 (OR PERSON REPRESENTED)

Jose F. Torrado